

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002812

Entity Name: BIONEICINE CORP.**Current Principal Place of Business:**4820 5TH AVE N
ST PETERSBURG, FL 33713**Current Mailing Address:**PO BOX 7487
ST PETERSBURG, FL 33734 US**FEI Number:** 82-4953381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAIR, GOVINDAN
4820 5TH AVE N
ST PETERSBURG, FL 33713 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------|
| Title | CP |
| Name | PELL, DONALD |
| Address | 4820 5TH AVE N |
| City-State-Zip: | ST PETERSBURG FL 33713 |

| | |
|-----------------|------------------------|
| Title | VC,VP,S |
| Name | NAIR, GOVINDAN |
| Address | 4820 5TH AVE N |
| City-State-Zip: | ST PETERSBURG FL 33713 |

| | |
|-----------------|------------------------|
| Title | DT |
| Name | MESSINA, PAUL |
| Address | 4820 5TH AVE N |
| City-State-Zip: | ST PETERSBURG FL 33713 |

| | |
|-----------------|--------------------------|
| Title | CHIEF COMPLIANCE OFFICER |
| Name | VAHLSING, ERWIN JR. |
| Address | 4820 5TH AVE N |
| City-State-Zip: | ST PETERSBURG FL 33713 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERWIN VAHLSING JR.**CHIEF COMPLIANCE
OFFICER****04/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date